PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) ZP Action 203 South Union Street ADDRESS (number and street) **STE 300** (Check if address is changed) Alexandria 22314 VA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Exec.Dir@ZPAction.org (Check if address is changed) Optional Second E-Mail Address dbacker@dbcapitolstrategies.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.ZPAction.org (Check if address is changed) DATE 06 2014 C00468868 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Dan Backer Esq. Type or Print Name of Treasurer Dan Backer Esq. [Electronically Filed] 06 06 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. **FEC FORM 1** (Revised 06/2012)

Office			For further information contact:
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